File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

CAMPAIGN DISCLOSURE BD.

2009 OCT 27 AM 11: 26

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Org.	anization)			
Citizens for Mallicoat		1 1	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	2)State PAC (3)State Party idate (7)School Board or Other Political	(R		SCLOSURE EPORT
CANDIDATE COMMITTEES ONLY:	Dalitiani Dayle (if applicable)		gged in	
Candidate Name Ronald Mallicoat	Political Party (if applicable) N/A	1 1	anned	
Office Sought City Council At Large	District (if Senate or House) N/A	1 1	mputer	
Late reports are subject to possible civil and criminal penalties. Proceedings of the control of	175	7) and 68A	1.401(3), the candida 1.0/26/09 DATE SIGNI	ete, for a
I AM FILING A October 24, 2009	REPORT FOR (1) ELECTION /	(2)NON-E	LECTION YEAR.	
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATED		ocal Comn	nittees, enter Date of	Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3.		er 3, 2009 ocal Committees, ente ion is held	er County in
STATEMENT OF CASH ON HAN	D			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is for the last reporting period or must be zero.)	cash on hand at the end	\$	0.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sched	lule A) (*also see in-kind below)		4,125.00	
Schedule F: Loans Received total (Attach Schedule	F)		500.00	
Schedule H: Total Sales of Campaign Property (Att	ach Schedule H)		0.00	
(Schedule H applies to Candidates' Com	mittees Only) SUB-TOTAL	\$	4,625.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIOR				
Schedule B: Expenditures total (Attach Schedule B)			3,454.33	
	(**also see debts and loans below)			
Schedule F: Loan Repayments total (Attach Schedule	•		0.00	
Schedule F: Loan Repayments total (Attach Scheduce CASH ON HAND at the end of this reporting period (if final re	ule F)		0.00 1,170.67	
CASH ON HAND at the end of this reporting period (if final re	port balance must be zero)	\$		
CASH ON HAND at the end of this reporting period (if final re **UNPAID BILLS (From Schedule D - Attach Schedule D)	port balance must be zero)	\$	1,170.67	
CASH ON HAND at the end of this reporting period (if final re ***UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche	port balance must be zero)	\$ \$	1,170.67 0.00	
CASH ON HAND at the end of this reporting period (if final re "*UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule T- Attach Schedule F - Attac	port balance must be zero)	\$ \$	1,170.67 0.00 36.00	
CASH ON HAND at the end of this reporting period (if final re "**UNPAID BILLS (From Schedule D - Attach Schedule D) "IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched"*OUTSTANDING LOANS (From Schedule F - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)	port balance must be zero)	\$ \$	1,170.67 0.00 36.00 500.00 YES ✓ NO	
CASH ON HAND at the end of this reporting period (if final re "*UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule T- Attach Schedule F - Attac	port balance must be zero)	\$ \$	1,170.67 0,00 36.00 500.00	

For Instructions, See Bac	:k (of I	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)	
, , , , , , , , , , , , , , , , , , , ,	CHECK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Citizens for Mallicoat	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
09/18/09	ID# CK#	Tamara Olsen 1115 - 2nd Avenue South Clinton, IA 52732		\$500.00	
09/18/09	ID# CK#	Les Shields 436 Mill Ridge Road Clinton, IA 52732		50.00	
09/22/09	ID# CK#	James Byrns 3900 Valley Oaks Drive Clinton, IA 52732		1,500.00	
09/22/09	ID# CK#	Juanita Byrns 3900 Valley Oaks Drive Clinton, IA 52732		1,500.00	
10/09/09	ID# CK#	Kay Harold 1926 Highland Court Clinton, IA 52732		50.00	
10/16/09	ID# CK#	Mary James 17020 Ebson Road Fulton, IL 61252		200.00	
10/16/09	ID# CK#	Steven Clarke 809 North 4th Street Clinton, 1A 52732		50.00	
10/22/09	ID# CK#	Carolyn Tallett 1315 North 3rd Street Clinton, IA 52732		25.00	
10/22/09	ID# CK#	Edith Pfeffer 931 - 2nd Avenue South Clinton, IA 52732		50.00	
10/22/09	ID# CK#	David Rose 4426 Bellevue Road Clinton, IA 52732		200.00	
			SUB-TOTAL	\$ 3,625.00	

TOTAL (if last page of this schedule)

of (for Schedule A)

3,625.00

SCHEDULE

(Rev. 07/03)

MONETARY

RECEIPTS

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF INDING FORM

COMMITTEE NAMI	. (Must be	same as on	Statement	of Organization)
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Citizens for Mallicoat

1690 Elm Street Dubuque, IA 52001 D# Target Stores 2900 South 25th Street Clinton, IA 52732 D# Lamar Advertising 1690 Elm Street Dubuque, IA 52001 D# 50ish 206 - 4th Avenue South Clinton, IA 52732 D# Ronald Mallicoat 1104 - 2nd Avenue South Clinton, IA 52732 D# CK# CK# CLinton, IA 52732 D# CLinton, IA 52732 D# CK# CLinton, IA 52732 D# CLinton, IA 52732	PURPOSE (DESCRIBE TRANSACTION) Billboards (2 locations) Thank You cards / envelopes Billboard design / materials Advertising	\$ 1,510.00 \$ 3.17
CK# CInton, IA 52732 CK# CK# CInton, IA 52732 CK# CK# CInton, IA 52732 CK# CK# CK# CInton, IA 52732 CK# CK# CK# CInton, IA 52732 CK#	Thank You cards / envelopes Billboard design / materials	3.17
10/01/09 CK# 2900 South 25th Street Clinton, IA 52732 CK# Lamar Advertising 1690 Elm Street Dubuque, IA 52001 CK# 50ish 206 - 4th Avenue South Clinton, IA 52732 CK# Ronald Mallicoat 110/15/09 CK# CK# Clinton, IA 52732 CK# CK# CLinton, IA 52732 CK# CK# CLinton, IA 52732 CK# CK# CK# CLinton, IA 52732 CK# CK	Billboard design / materials	280.00
10/02/09 CK# 1690 Elm Street Dubuque, IA 52001 10/09/09 CK# 50ish 206 - 4th Avenue South Clinton, IA 52732 10/15/09 CK# Ronald Mallicoat 1104 - 2nd Avenue South Clinton, IA 52732 10/15/09 CK# Clinton, IA 52732		
10/09/09 CK# 206 - 4th Avenue South Clinton, IA 52732 10/15/09 CK# Ronald Mallicoat 1104 - 2nd Avenue South Clinton, IA 52732 10/15/09 CK# Clinton, IA 52732	Advertising	
10/15/09 CK# 1104 - 2nd Avenue South Clinton, IA 52732 C		50.00
ID# Clinton Printing In	Reimburse for campaign signs (Victory Store, 5200 SW 30th St., Davenport, IA 52802	442.26
10/19/09 CK# Clinton Printing 1402 Roosevelt Clinton, IA 52732	Brochures and name tags	294.25
10/19/09 ID# Postmaster Clinton, IA 52732 St	Stamps	44.00
10/21/09 CK# KROS Radio 870 - 13th Avenue North Clinton, IA 52732	Radio ads	392.00
	SUB-TOTAL	\$ 3,015.68

TOTAL (if last page of this schedule)

5

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A 402(3)(i).)

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Page	•	of	-	

(for Schedule B)

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Back St.	les	100	and the	SWIN		Acres 1
333	4.00	1441	88 M	CBI	F # #	1000
100	All A	disable	20.00			2000

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
. —	CK THIS BOX IF

COMMITTEE NAME	: (Must be same a	s on Statement	of O	rganization)
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Citizens for Mallicoat

	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	Clinton Herald	Newspaper ads	
0/21/09	CK#	221 - 6th Avenue South Clinton, IA 52732	Newspaper aus	\$ 438.65
	ID#			
	CK#	End of Schedule B		
	ID#			
	CK#			
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	CK#			
***************************************	ID#			
	CK#			
		L.	SUB-TOTA	AL \$ 438.65

TOTAL (if last page of this schedule)

\$ 3,454.33

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

-	2		2
Page		or	

(for Schedule B)

FOR INSTRUCTIONS.	SEE BACK	OF FORM

or morrow, one process	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97	IN-KIND CONTRIBUTIONS
Citizens for Mallicoat		K THIS BOX IF
Reset Form	AMEN	DING FORM

DATE RECEIVED	NAME AND ADDRESS	RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR
(MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION
09/16/09	Tamara Olsen 1115 - 2nd Avenue South Clinton, IA 52732		Voter lists from County Auditor	\$ 36.00	
	-				
			SUB-TOTAL	\$ 36.00	
			TOTAL (if last	\$	
			page of this schedule)	36.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

DATE RECEIVED MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		ONSHIP TO (If Applicable*)	AMOUNT OF LOAN
09/18/09	Tamara Olsen 1115 - 2nd Avenue South Clinton, IA 52732			\$ 500.00
				- 500.00
RT II - MONET. (Loans fo	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD orgiven must be reported on Schedule E – In-kind Contributions.)	TOTAL (PAR	ΤΙ)	\$ 500.00
RT II - MONET (Loens fo DATE PAID MM/DD/YR)	ARY LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD orgiven must be reported on Schedule E – In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIO	T I) DNSHIP TO * (If Applicable)	\$ 500.00
(Loans fo	orgiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIO	DNSHIP TO	
(Loans fo	orgiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIO	DNSHIP TO	AMOUNT REPAID
(Loans fo	orgiven must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIO	DNSHIP TO	AMOUNT REPAID
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIC	ONSHIP TO • (If Applicable)	\$
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIC CANDIDATE	ONSHIP TO (If Applicable)	AMOUNT REPAID \$
(Loans fo	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIC CANDIDATE	ONSHIP TO * (If Applicable) ART II)	\$

RESET

SCHEDULE

(Rev. 02/08)

LOANS

RECEIVED & REPAID

CHECK THIS BOX IF

AMENDING FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

Citizens for Mallicoat

COMMITTEE NAME (Must be same as on Statement of Organization)

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.